

New England University Transportation Center



NE University Transportation Center
77 Massachusetts Avenue, E40-279
Cambridge, MA 02139
Phone: 617-253-0753
Fax: 617-258-7570
web.mit.edu/utc

Principal Investigator:	Lisa D'Ambrosio	Co-Principal Investigator:	
Title:	Research Associate	Title:	
University:	MIT	University:	
Email:	dambrosi@mit.edu	Email:	
Phone:	617-452-2179	Phone:	

Final Report

Project Title:

Caregiving and Travel Patterns

Project Number:

MITR20-4

Project End Date:

12/31/12

Submission Date:

06/10/13

The contents of this report reflect the views of the authors, who are responsible for the facts and the accuracy of the information presented herein. This document is disseminated under the sponsorship of the Department of Transportation, University Transportation Centers Program, in the interest of information exchange. The U.S. Government assumes no liability for the contents or the use thereof.

The New England University Transportation Center is a consortium of 8 universities funded by the U.S. Department of Transportation, University Transportation Centers Program. Members of the consortium are MIT, the University of Connecticut, University of Maine, University of Massachusetts,

Project Description

This study explored the impact of caregiving for older adults on mobility and travel patterns. Specifically, the focus was on how caregivers managed trips on behalf of another who receives care. Caregiving is becoming increasingly common as the population ages, and the number of people providing care for loved ones is expected to grow in the future. A 2004 survey by the National Alliance for Caregiving and AARP estimated that there were nearly 44.4 million people who provided unpaid care for another adult (National Alliance for Caregiving and AARP 2004). Caregiving for others often requires that caregivers make adjustments in their lives, fitting caring for their loved ones – and trips on behalf of their loved ones – around already busy schedules. Caregivers are also more likely to be women than men. For many older couples where the husband had long been the primary driver, caregiving roles can also mean a change in driving roles and in travel patterns. In spite of the growth in caregiving, and the increases expected in the future, we know relatively little about the impact of caregiving on travel behavior. This project focused on the trips that caregivers of people with Alzheimer's or other dementias made on behalf of those for whom they provided care, and how they may have adjusted their travel patterns to accommodate the additional needs they must satisfy. The questions in this study include the nature of the relationship between caregivers and those who receive care, the types of trips caregivers make for their loved ones, and how caregivers accommodate these trips – either by trip chaining, making additional trips, foregoing the trip (or having someone else make the trip), or having the goods or services brought in-home where possible. The goal of this work was to highlight some of the changes in trip and travel behavior we might expect as more people take on caregiving roles in their lives.

Methodology

This work used data collected as part of a larger study in 2005-2007 on the effects of a multiple week educational intervention and written educational materials about dementia and driving about driving for caregivers of those with Alzheimer's disease or other dementias. The study participants were spouses, adult children, live-in partners, friends, or siblings of persons who reportedly had a diagnosis of Alzheimer's disease or a related dementia, or a diagnosis of mild cognitive impairment (MCI), although participants were overwhelmingly either the spouses or the adult children of the care recipient. The person with Alzheimer's, a related dementia or MCI must have been in the month prior to study enrollment. The study participants – the caregivers – anticipated playing some role in the driving decision. The study was conducted in central and eastern Massachusetts with 79 caregivers. While not the primary study focus, the caregiver pre-test interviews included a battery of questions about their transportation habits and the nature of trips they made on behalf of others. In this work the analysis centered on these items, which asked caregivers about trips for grocery shopping, financial matters, medical matters, clothes or other personal items, or other trips on behalf of the person with dementia.

Findings

Caregivers reported making trips for grocery shopping most frequently for the care recipient with dementia, followed by trips for financial matters, medical matters, personal shopping, and then other kinds of trips, which included types of trips such as car repairs or social visits. To some degree the differences in trip frequency reflect the nature of the trips themselves; food matters and grocery shopping for many would need to be done more frequently as a matter of course than trips to attend to financial matters or to medical matters. When asked about what kinds of trips they never made on behalf of their care recipients, the “other trip” category was most frequently. This suggests that for caregivers, the demands of disease management and household management absorb the bulk of their energies. If other kinds of trips, notably those for social interactions, need to take place, they fall to another’s lot or they simply are less likely to take place. In short, for caregivers, the necessities of life and the work of caregiving take precedence. Caregivers were least likely to say that they never made medically related trips, which may also reflect the role of the disease in their lives. Even if the care recipient were able to drive him or herself, caregivers had interest in keeping abreast of their loved one’s health state; only one of the 19 adult children and five of the 55 spouses said they had never made medically related trips on behalf of their care recipient.

Not surprisingly, caregiving spouses reported making trips more frequently on behalf of their spouse with dementia than caregivers with other relationships to the care recipient. For caregiving spouses, grocery trips were most frequent, followed by trips for financial matters, medical matters, personal shopping, and then other kinds of trips. The pattern was slightly different for adult children who were caregivers. While grocery shopping was again the most frequent trip type, medically related trips ranked second. More frequent trips for financial matters and for other kinds of reasons were tied next for adult children, followed by personal shopping.

Conclusion

Overall, this research underscores the kinds of work that caregivers do on behalf of their loved one with dementia, and how different kinds of trips may take precedence with the disease diagnosis. Medically related trips, while not necessarily undertaken most frequently, clearly represent an important focus of caregivers. This work reflects a richer dimension of the nature of the demands on caregivers. While some previous research has found that transportation needs are among the greatest that caregivers face, this work suggests how the demands of trips on behalf of or with a loved one with dementia fit into the myriad of jobs that caregivers must do.

Output

The results of this research are in the process of being written for possible submission to the Transportation Research Board and for journal publication.